



# Wisconsin State Fire Chiefs Association, Inc.

Together We Can Make A Difference

- Education
- Prevention
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- EMS

DATE: October 17, 2001

TO: Senator Rodney Moen  
Members of the Senate Health Committee

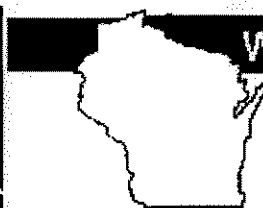
FROM: WI State Fire Chiefs Association

RE: Please Oppose Senate Bill 267

The Wisconsin State Fire Chiefs Association opposes SB 267 entirely. The language in this bill does not reflect the intent of the rules, which DHFS forwarded to this legislature many months ago, and does not serve the health care interests of the residents in the State of Wisconsin. The extremely troubling language in this bill is the changes proposed for dispatching and return of two paramedics. This language will change the way current paramedic services, which are serving our residents at this time, are doing business. The dispatch language will be an extreme hardship for some current paramedic services!

I would urge that each committee member please oppose this bill. The bill creates hardships for current paramedic services and will not serve your constituents with the highest level of care, which they could receive with flexibility. Please allow the medical directors to make those decisions!

If you have any questions or concerns please give David Bloom, Legislative Liaison WI State Fire Chiefs Association a call at 608-210-7218. Thank you for your time and consideration.



WISCONSIN ALLIANCE OF CITIES

October 17, 2001

To: Members of the Senate Committee on Health, Utilities, Veterans and Military Affairs

From: Gail Sumi, Intergovt'l Coordinator, Wisconsin Alliance of Cities  
Curt Witynski, Assistant Director, League of Wisconsin Municipalities

Re: Opposition to AB 524 & SB 267, related to paramedic staffing

The Wisconsin Alliance of Cities opposes AB 524 and SB 267 because the bills reduce a municipal medical director's flexibility to provide the community with the best paramedic service possible.

Why do the onerous requirements apply only to paramedic services that were established prior to January 1, 2000? What makes them different? The requirements interfere with current staffing practices that are effective in saving our citizen's lives.

Most troublesome is the requirement that ambulance staff be dispatched from the same site, together, to the scene of an emergency and return, together, to the dispatching site. This potentially reduces the personnel available to perform lifesaving functions for the next call.

Thank you for considering our opposition to these two bills.

# Professional Fire Fighters of Wisconsin, Inc.

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## Testimony of PFFW In Support of SB-267 Oct. 17, 2001

My name is Patrick Kilbane. I am a member of the PFFW executive board and serve as chair of the EMS committee. I am also a 23-year veteran of the Janesville Fire Department where I serve as a Lieutenant/Paramedic. The PFFW represents over 50% of the licensed paramedics practicing in the state of WI.

The PFFW supports SB-267 and the portion of the rule not objected to. SB-267 is the result of a long process with which all of you are now very familiar. It is the result of a proposed change in DHFS administrative rule #112, the paramedic rule. It is also the result of a failed effort by interested parties to reach an agreement on acceptable changes to the rule.

In the early stages of this long process, we heard arguments in support of the proposed change from many rural and suburban communities that did not have paramedic service. They needed the change in order to establish paramedic service. Most testifying at the hearings agreed that two paramedics provide the best care for patients. However, we heard from the rural areas that it was too costly to train paramedics or too difficult to get volunteers to staff ambulances with the required two paramedics.

Everyone testifying at the hearings agreed that they did not want to see existing services downgraded. And, for those communities without paramedic service, wouldn't one paramedic be better than none?

The PFFW, along with this Committee and the Joint Committee for the Review of Administrative Rules, all supported allowing communities without paramedic systems to establish a new system utilizing one paramedic. But we all objected to the portion of the proposed rule that enabled existing systems to downgrade their systems from two paramedics to one. I remind you that everyone who testified agreed that they did not want to see existing systems downgraded.

Many compromises were proposed to DHFS over the past few months to reach an agreement on the rule changes. None were fully accepted. There is agreement on the portion of the rule that allows new services to operate with one paramedic. All of the rural and suburban communities, without paramedic service, that testified in support of the proposed rule changes have exactly what they asked for.

The problem today is a disagreement on how existing paramedic services should operate. You will hear testimony that existing services are too restricted by the rule and by this legislation. I believe that what you are really hearing is a plea to create loopholes which will essentially allow existing services to operate with one paramedic. You will hear this testimony from those who think you don't get it. I'm quoting from a message sent by the Wisconsin EMS Association: "If passed, this bill will set a very dangerous precedent where the state legislature will be able to make all kinds of improper mandates on Wisconsin EMS providers and get away with it." "...where state legislators with little or no understanding of EMS, could write additional laws or even expand this requirement to all levels of EMS."

When you hear that it's a waste of resources to send paramedics to calls for cut fingers and broken arms, that's an accurate statement. When you hear that this bill forces that to happen, that's an inaccurate statement. Every EMS provider must have an approved plan. Part of that plan can be a tiered system of response where basic level EMT's are sent to the calls for cut fingers and broken arms, and paramedics are sent to the life threatening calls. The flexibility to operate this way exists now and will not be altered by the passage of SB-267. I could go on and on with examples. So when you hear that YOU are restricting services from being flexible, don't buy it. The lack of flexibility exists in the administration of the service and not in SB-267.

SB-267 along with the Administrative Rule that was not objected to provides all of the elements required to satisfy the needs of every community in Wisconsin.

Rural and suburban areas of Wisconsin without paramedics will be able to operate a new system with one paramedic as they have requested.

Urban areas that currently have paramedic systems will continue to operate with two paramedics without downgrading their service.

In the areas with paramedic systems in place today, single paramedics arriving on a scene can begin operating as a paramedic before additional paramedics arrive.

I think you do get it. I think you are intelligent enough to understand EMS issues. I think you are intelligent enough to separate the real issues from the smoke and mirrors. SB-267 is a great compromise and the right solution. I urge you on behalf of the PFFW, it's paramedics and EMT's, support SB-267.

# State Medical Society of Wisconsin

*Working together, advancing the health of the people of Wisconsin*



**To: Senator Rodney Moen, Chair  
Members of the Senate Health, Utilities, Veterans & Military Affairs  
Committee**

**From: Alice O'Connor, Vice President, Advocacy & Policy**

**Re: SB 267 (AB 524) – Oppose**

**Date: Wednesday, October 17, 2001**

The State Medical Society, representing 9,000 physicians statewide is asking members of the Senate Health, Utilities, Veterans & Military Affairs Committee to vote against passage SB 267 and AB 524.

SB 267 and AB 524 were created in response to proposed changes to the Wisconsin Paramedic Rule (CR 00-091). Unfortunately, this legislation has the potential to negatively affect delivery of EMS services across Wisconsin. If passed, this bill will set a dangerous precedent. These bills will create a more cumbersome process that could affect patient safety.

These bills will require DHFS to force Wisconsin ambulances at the paramedic level to respond with two paramedics from the same location, treat and transport the patient together, and then return together to the original location from which they responded. In other words, even if one paramedic is close to the call, they will have to travel to the station, hook-up with the second paramedic, then and only then, travel back to the location of the patient. At the scene they will treat the patient, then instead of going back to the most convenient location, both paramedics will first have to travel back to the station. This seems silly. If passed this bill would prohibit ambulance personnel from responding from home to meet at the scene, something several paramedic services in Wisconsin have been doing for many years.

The reason for mandating that the ambulance and its crew return to their station together baffles many in the EMS community. Once the patient is at the hospital, why require EMS personnel to return to the original location where the crew responded? It does not enhance patient care or patient safety.

Currently many volunteer and paid-on-call EMTs respond from their home or place of work when an emergency call is dispatched. This is done to decrease response time and increase the probability of saving the patient's life. It seems ill advised to prohibit EMTs from going directly to the scene of the emergency. Why would EMTs first go to their station and then go to the scene of the emergency when they can save valuable minutes going directly to the scene? The station could be miles away from where the emergency scene is located. Yet that is exactly what SB 267 and AB 524 requires of EMT-Paramedic services.

The State Medical Society requests members of this committee please vote to oppose SB 267 and AB 524. Thank you.

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 10/23/01

Bill Number: SB 2107

Moved by: Robson

Seconded by: Moen

Motion: Intro + adopt of Sen. Amend 2  
(LRB 0787)

### Committee Member

Sen. Rodney Moen, Chair

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Roger Breske

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Judith Robson

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Jon Erpenbach

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Mark Meyer

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Peggy Rosenzweig

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Robert Cowles

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Scott Fitzgerald

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Sen. Mary Lazich

☒ Aye

☐ No

☐ Absent

☐ Not Voting

Totals:

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☐ Motion Carried

☐ Motion Failed

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 10/23/01

Bill Number: SB 207

Moved by: Robson

Seconded by: Cowles

Motion: Passage as amended

### Committee Member

Sen. Rodney Moen, Chair

Aye

No

Absent Not Voting

☒☐☐☐

Sen. Roger Breske

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Sen. Judith Robson

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Sen. Jon Erpenbach

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Sen. Mark Meyer

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Sen. Peggy Rosenzweig

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Sen. Robert Cowles

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Sen. Scott Fitzgerald

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Sen. Mary Lazich

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Totals:

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☐ Motion Carried

☐ Motion Failed